



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

Center for Medicaid and State Operations

7500 Security Boulevard
Baltimore, MD 21244-1850

FEB 21 2001

Mr. Ben Bearden
Medicaid Director
Department of Health and Hospitals
Office of Management and Finance
Bureau of Services Financing
1201 Capitol Access Road
P. O. Box 91030
Baton Rouge, Louisiana 70821-9030

Dear Mr. Bearden:

I am pleased to inform you that your request for a Medicaid waiver to provide home and community-based services, as authorized under the provisions of section 1915(c) of the Social Security Act (the Act), has been approved. This waiver has been assigned control number 0361 which should be used in any subsequent correspondence.

Specifically, you submitted a waiver request to provide case management, center-based respite, environmental accessibility adaptation, family training, family support and diaper services. These services would be capped at \$7,500 per participant per waiver year. An additional service, crisis support, would also be provided outside the \$7,500 waiver cap in specified circumstances. These services will be provided to children ages 0 through 18, who would otherwise require care in an intermediate care facility for the mentally retarded. You requested a waiver of section 1902(a)(10)(B) of the Act, which deals with "comparability of services." Also, you concur that the medically necessary services identified under section 1905(a) of the Act would be provided. As a reminder, should you find that the estimated State plan services reported in the approved waiver application (D') is not consistent with actual experience, you must amend the waiver.

Authority to limit the total waiver expenditure to an individual, if the agency finds that the cost of the services would exceed the cost of an equivalent institutional level of care, can be found at 42 CFR 441.301(a)(3). Insofar as the \$7,500 limit is considerably less than the average ICF/MR cost, I am approving the waiver request on the understanding that (a) the equivalent level of care in an ICF/MR for this particular group of eligible individuals would generally be less than the average ICF/MR level of care, or the presence of other supports (e.g., Medicaid State plan, EPSDT, Title XX, informal supports) would render support above \$7,500 to be generally unnecessary for these individuals, (b) the State has included "crisis support" as a service that could be provided outside the \$7,500 cap, (c) the State has another MRIDD waiver not subject to the \$7,500 cap, and (d) the State will implement protocols to ensure that individuals whose

support requirements may exceed the \$7,500 level may request services under the broader MRIDD waiver.

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It is our understanding that the process used by the State to determine if a child's name will be returned to the waiting list for another appropriate waiver, including the MR/DD waiver, is as follows. When a child enters a crisis designation status, the status is reviewed every three months to assure that the child's health and welfare needs are met. After the first three months, the family may request that the child's name be re-added to the MRIDD request for services list. The State will approve this request when it is determined that the crisis will be long-term or permanent. Any adverse decision related to this process may be appealed. Once a child's name is returned to the waiting list, and until the child's name reaches the top of the waiting list, the child will receive State plan and Children's Choice waiver services including services determined necessary outside the \$7,500 cap.

A family may also request that the child's name be re-added to the active MR/DD request for services list in its original date order even though the situation does not meet the State's criteria for crisis designation. If the request is denied, the family has a right to a fair hearing.

Based on the assurances and the information you provided, including the additional clarifying information in response to our concerns, I approve the waiver request cited above for a 3-year period effective with the date of this letter, as requested. With a satisfactory showing, the waiver may be renewed at the end of the 3-year period. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved.

YEAR	UNDULICATED RECIPIENTS	FACTOR D
YR1	1,800	\$4,252
YR2	2,951	\$5,786
YR3	3,422	\$6,521

It is worth acknowledging that it has been difficult to craft a waiver that incorporates the specifications indicated by the Louisiana legislation and also meets the requirements of applicable federal law. We appreciate the cooperation and effort provided by you and your staff which made this approval possible.

Sincerely,

'Jr

Thomas Hamilton

Director

Disabled and Elderly Health Programs Group

cc: Dallas Regional Office